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Draft country programme document for Sierra Leone*

Proposed UNFPA assistance:	$6 million: $5 million from regular resources and $1 million through co-financing modalities and/or other, including regular, resources
Programme period:	4 years (2004-2007)
Cycle of assistance:	Third
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.2	1.0	4.2
Population and development strategies	1.4	-	1.4
Programme coordination and assistance	0.4	-	0.4
Total	5.0	1.0	6.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country programme documents, and has delayed submission of the present document.

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I. Situation analysis

1. Sierra Leone is emerging from a decade-long civil war that devastated much of the country and brought immense suffering to the people. As a consequence of the war, more than half of the population was displaced, socio-economic activities were disrupted and the infrastructure was destroyed. This resulted in widespread poverty, lack of reliable data, excessive centralization of services and limited resources for development. Encouraging signs for recovery and sustainable development have come with the return of peace in January 2002.

2. The population of Sierra Leone is estimated at 5.6 million, based on the 1985 census. The maternal mortality ratio is 1,800 per 100,000 live births and the infant mortality rate is 170 per 1,000 live births. Skilled personnel assist only 25 per cent of pregnancies; of these, only 20 per cent are delivered in health-care facilities.

3. The contraceptive prevalence rate of 4 per cent for modern methods has increased little over the past ten years. Only a limited number of health facilities offer reproductive health services. There is a large unmet need for family planning and other reproductive health services, but resources for reproductive health commodities are scarce.

4. Adolescents and youth constitute about half of the total population. The conflict and its consequences – mass displacement, poverty and insecurity – have exposed adolescents and youth to the risks of sexually transmitted infections (STIs) and HIV/AIDS. Early sexual activity, unsafe sex and commercial sex work, coupled with poor access to reproductive health information and services, have further compounded the situation.

5. The HIV/AIDS prevalence rate is estimated at 4.9 per cent nationwide, with rates as high as 6.1 per cent in the Western Area district. However, the potential for its rapid spread exists, given the limited knowledge of risk factors and the presence of other conditions, such as cross-border migration, large numbers of former combatants, peacekeeping forces, commercial sex workers and street children, and a high prevalence of STIs.

6. Sociocultural factors limit the opportunities available to women and their participation in the country's socio-economic development. The adult literacy rate is about 20 per cent – 11 per cent for women and 29 per cent for men. About 38 per cent of girls are enrolled in schools compared to 52 per cent of boys. Gender-based violence has been exacerbated as a result of the war, during which time mass abductions, rapes and abuse of women and young girls occurred. Gender-based violence has continued in the post-conflict era.

7. The Government has formulated an interim poverty reduction strategy paper (PRSP) for the period 2001-2005, aimed at reducing poverty levels from 85 per cent to 40 per cent. It also developed a national recovery strategy, an action programme aimed at providing the framework for recovery efforts in 2002-2003.

8. Utilizing the priorities set forth in these two documents, the United Nations country team prepared a peace-building and recovery strategy to guide the transition from relief to development and from peacekeeping to peace-building. The availability of these documents obviated the need for a common country assessment and allowed the United Nations country team to move directly to the preparation of the United Nations Development Assistance Framework (UNDAF).

II. Past cooperation and lessons learned

9. UNFPA cooperation with Sierra Leone began in the mid-1970s with support to the second population census (1974) and has continued, when conditions permitted, since that time.

10. In the area of population and development strategies, UNFPA support to the Government has helped to achieve the following: (a) the collection, analysis and dissemination of sociodemographic data through the 1985 population and housing census; (b) establishment of the population and human resources section in the Ministry of Development and Economic Planning and the secretariat of the national population commission; (c) the formulation, adoption and implementation of the national population policy; (d) the training of professionals in population and development; and (e) preparatory activities for the implementation of the 2004 population and housing census.

11. In the area of reproductive and sexual health, UNFPA assisted in establishing the reproductive health division in the Ministry of Health and Sanitation to provide effective coordination of reproductive health activities in the country, with a focus on reducing maternal mortality, improving the quality of reproductive health services and fostering better access to reproductive health information and services for adolescents, youth and other vulnerable groups.

12. Among the results achieved are the following: (a) developing quality-of-care protocols and guidelines for reproductive health and emergency obstetric care and using them in service delivery and training; (b) renovating and equipping six district hospitals and satellite maternal and child health clinics; (c) establishing six STI/HIV/AIDS referral clinics for vulnerable women and girls; (d) providing family planning and emergency obstetric care in six referral hospitals; and (e) improving the supply of drugs, condoms and other reproductive health commodities.

13. In the area of HIV/AIDS prevention, UNFPA supported a comprehensive HIV/AIDS post-conflict response that targeted vulnerable groups such as women and girls who were victims of abduction; uniformed personnel (police, army and peacekeepers); and adolescents and youth affected by the war, including ex-combatants, internally-displaced persons and commercial sex workers.

14. In the area of advocacy, UNFPA helped to establish a network of women ministers and parliamentarians and reactivated the parliamentary action group on population and development.

15. The resumption of the war in 1997 brought the second country programme to an abrupt end. No development programming occurred until 2003 when the United Nations country team completed the UNDAF.

16. Among the lessons learned are the following: (a) the post-conflict status of the country calls for flexibility in planning interventions to address the needs of the most vulnerable; (b) resource mobilization is key to programme performance in the transition from relief to long-term development; and (c) inter-agency partnerships, such as those with the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the European Union (EU), can help to strengthen interventions, as in the cases of the maternal mortality reduction project and the ongoing population census.

III. Proposed programme

17. Programme formulation was conducted through a consultative and participatory process led by the Government to ensure ownership and sustainability. The process culminated in a stakeholders' meeting convened by the Ministry of Development and Economic Planning, which approved the final version of the draft country programme document.

18. The proposed programme is closely linked to the UNDAF. The UNDAF goal is to sustain the process of recovery, reconciliation and the transition to sustainable peace and development through four areas of cooperation: (a) poverty reduction and reintegration; (b) human rights and reconciliation; (c) good governance, peace and security; and (d) economic recovery.

19. The proposed UNFPA country programme will address the first two UNDAF areas of cooperation, namely, poverty reduction and reintegration, and human rights and reconciliation, and will contribute to the achievement of the following UNDAF outcomes: (a) strengthened capacity and systems for monitoring poverty; (b) increased access to quality social services, including shelter; (c) increased awareness and respect for human rights at national and community levels; and (d) improved capacity of law enforcement agents in respecting and protecting human rights.

20. The proposed country programme will have two components: reproductive health, and population and development strategies. Interventions related to human and reproductive rights, advocacy and behaviour change communication (BCC), and gender will be considered cross-cutting issues.

21. The goal of the draft country programme is to contribute to improving the quality of life of the people of Sierra Leone by reducing poverty; supporting the reintegration of those affected by the war; and promoting gender equality, reproductive health and reproductive rights, in accordance with the goals set forth in the national interim PRSP, the UNDAF and the Millennium Development Goals (MDGs).

Population and development strategies component

22. The outcome of this component is to have contributed to the effective formulation, planning and implementation of development policies and programmes that take into consideration population, gender, reproductive health and reproductive rights. Three outputs will be achieved by implementing this component:

23. Output 1: Data from the census, the demographic and health survey, and other population-related data made available and used to monitor poverty and implement development policies and programmes. This output will be achieved through: (a) continued advocacy for resource mobilization to undertake the desired data collection operations; (b) establishment of database systems for effective data access, dissemination and utilization for monitoring poverty reduction and planning development programmes; and (c) establishing a geographical information system for poverty mapping.

24. Output 2: Enhanced technical and institutional capacity for the coordination and management of population, gender and reproductive health programmes. This output will focus on: (a) building capacity for coordination through training and skills development in population; (b) strengthening capacity for poverty and gender analysis; and (c) improving partnerships for effective coordination.

25. Output 3: Increased commitment and support for the implementation of the national population policy and other development policies and programmes, including the Programme of Action of the International Conference on Population and Development (ICPD) and the Convention on the Elimination of All Forms of Discrimination against Women. This will be achieved through: (a) advocacy, sensitization and awareness-creation; (b) coalition-building in support of population activities; and (c) effective resource mobilization and allocation to population programmes.

Reproductive health component

26. The outcome of the reproductive health component is to have contributed to increased access and utilization of gender-sensitive, high-quality reproductive health information and services, leading to safe and responsible sexual and reproductive health behaviour and practices of men, women and adolescents. Three outputs will be achieved by implementing this component.

27. Output 1: Increased availability and utilization of high-quality, gender-sensitive reproductive health services and information. This will be achieved by: (a) expanding information, education and communication (IEC) and BCC interventions in support of reproductive health and HIV/AIDS programmes; (b) strengthening population and family life education in the formal and non-formal educational systems; (c) improving health personnel skills for effective service delivery; (d) increasing the number of health outlets providing reproductive health services; and (e) setting up adolescent-friendly reproductive health services.

28. The programme will implement interventions to reduce the spread of STIs and HIV/AIDS by targeting vulnerable and high-risk population groups for STIs/HIV/AIDS, such as uniformed personnel, adolescents and youth, former combatants, destitute women and girls, and commercial sex workers. The interventions will include: (a) better condom promotion and distribution; (b) improved clinical management of STIs; (c) strengthened IEC/BCC campaigns on safe sex practices; and (d) the establishment of functional voluntary counselling and testing centres.

29. To improve the supply side of the reproductive health service delivery system, reproductive health commodity security will be enhanced through effective resource mobilization; training and capacity-building in procurement forecasting and supply management; and the procurement and distribution of reproductive health commodities.

30. Output 2: Increased availability of high-quality maternal care services, including emergency obstetric care. This will be achieved by: (a) improving the skills of health personnel in emergency obstetric care, family planning and life-saving interventions; (b) ensuring reproductive health commodity security; (c) promoting effective decentralization of reproductive health service delivery; and (d) setting up an integrated logistics and referral system for obstetric emergencies.

31. Output 3: Increased capacity of law enforcement agents and advocacy groups in addressing women's rights and gender-based violence. This will be achieved by: (a) advocating women's rights and protection against gender-based violence; (b) sensitizing and training uniformed personnel on gender issues, women's rights and protection against violence and abuse; (c) improving the legal and policy environment for the implementation of existing laws; and (d) building partnerships and networking.

IV. Programme management, monitoring and evaluation

32. The Ministry of Development and Economic Planning, through the secretariat of the national population commission, will coordinate the implementation of the third country programme. The programme will utilize the national execution modality. Most of the activities under the reproductive health component (service delivery, IEC, advocacy and BCC) and some of the activities within the population and development strategies component will be implemented in six out of 13 target districts (Bo, Kenema, Port Loko, Moyamba, Tonkolili, and the Western Area). The selected target districts make up more than 60 per cent of the country's total population and are home to the largest proportion of displaced people.

33. National coverage will be maintained for HIV/AIDS prevention activities, condom promotion and distribution support for the population census, family life education in schools, reproductive health commodity security and advocacy for gender issues.

34. The programme will emphasize decentralized implementation as well as joint monitoring and evaluation by the Government and UNFPA. National and international experts, the UNFPA country office and the UNFPA Country Technical Services Team in

Dakar, Senegal, will provide technical backstopping. Programme management will be in accordance with the principles of results-based management, using the country programme results and resources framework. The monitoring and evaluation plan will be based on selected indicators from the logical framework matrix. Monitoring activities will include quarterly and annual project and component reports, meetings and field visits by the UNFPA country office and relevant government implementing bodies.

35. A midterm review will be conducted in 2005, and the lessons learned will be used to improve programme performance. The end-of-programme evaluation will be undertaken in 2007 to gauge the impact of the programme, provide directions for future interventions and document best practices.

36. In implementing the proposed country programme, UNFPA will foster close collaboration with various bilateral and multilateral partners involved in population, reproductive health and gender. These include WHO, UNICEF, UNDP, the United Nations Development Fund for Women, UNAIDS, the United Nations Assistance Mission in Sierra Leone, the World Bank, the European Union and the International Planned Parenthood Federation.

37. The UNFPA country office in Sierra Leone consists of a Representative, a national programme officer and administrative support staff. Programme funds will be earmarked for one national programme post and two administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR SIERRA LEONE

UNDAF area of cooperation 1: To reduce poverty and promote reintegration

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to improving the quality of life of the people of Sierra Leone by reducing poverty; supporting the reintegration of those affected by the war; and promoting gender equality, reproductive health and reproductive rights, in accordance with the goals set forth in the national interim PRSP, the UNDAF and the MDGs	***[Population and development strategies component]*** To have contributed to the effective formulation, planning and implementation of development policies and programmes that take into consideration population, gender, reproductive health and reproductive rights	• Annual reporting of poverty-related data and MDGs • National development policies and programmes reflect issues pertaining to population, gender, and reproductive health and rights	**Output 1:** Data from the census, the demographic and health survey, and other population-related data made available and used to monitor poverty and implement development policies and programmes Output indicators: • Disaggregated data from the national population and housing census published • Updated sampling frame available for use in sociodemographic surveys • First demographic and health survey in Sierra Leone conducted and the results published • Maps of Sierra Leone updated and produced using geographical information system technology • Data disseminated and made available for monitoring poverty reduction and the MDGs **Output 2:** Enhanced technical and institutional capacity for the coordination and management of population, gender and reproductive health programmes Output indicators: • Proportion of personnel skilled in planning, managing and coordinating population and development programmes • Functional systems for population programme coordination • Increased proportion of personnel skilled in gender and poverty analysis • Increased proportion of joint monitoring and evaluation activities	Total for the population and development strategies component: $1.4 million from regular resources
	[Reproductive health component] To have contributed to increased access and utilization of gender-sensitive, high-quality reproductive health information and services, leading to safe and responsible sexual and reproductive health behaviour and practices of men, women and adolescents	• HIV prevalence rate nationwide • Proportion of women aged 15-49 having sufficient knowledge of HIV/AIDS and other STI transmissions • Maternal mortality ratio • Infant mortality rate • Contraceptive prevalence rate	**Output 1:** Increased availability and utilization of high-quality, gender-sensitive reproductive health services and information Output indicators: • Increased proportion of teachers, instructors and facilitators trained in population and FLE • Increased knowledge of men, women and adolescents on reproductive health issues • Increased number of gender-sensitive materials for IEC/BCC developed and disseminated • Number of schools offering population and FLE as a subject • Increased number of reproductive health service delivery points at district and community levels • Increased number of facilities providing integrated reproductive health services • Increased number of teachers, instructors and facilitators trained in population and FLE • Increased condom availablity and distribution • Increased access to information and services for HIV/AIDS prevention and voluntary counselling and testing among vulnerable groups • Increased proportion of facilities providing clinical management of STIs • Reduced proportion of health facilities experiencing reproductive health commodity stockouts • Increased proporotion of storage facilities with commodities stored appropriately • Functional logistics management information system established countrywide • Increased proportion of health personnel skilled in reproductive health commodity forecasting and logistics information management **Output 2:** Increased availability of high-quality maternal care services, including emergency obstetric care Output indicators: • Increased number of personnel trained in maternal care, including emergency obstetric care • Increased proportion of women using modern contraceptive methods in the project sites • Increased proportion of facilities providing high-quality maternal care in the project sites • Increased proportion of births attended by skilled personnel	Total for the reproductive health component: $4.2 million ($3.2 million from regular resources and $1million from other resources

UNDAF area of cooperation 2: To promote human rights and reconciliation				
UNFPA Goal	**Outcome**	**Indicators**	**Outputs and Key Indicators**	**Resources**
(Same as above)	***[Population and development strategies component]*** (Same as above)	• Training workshops and awareness and sensitization campaigns organized by local human rights associations, non-governmental organizations, the Ministries of Gender and Youth and other relevant ministries	**Output 3 (Population and development strategies):** Increased commitment and support for the implementation of the national population policy and other development policies and programmes, including the ICPD Programme of Action and the Convention on the Elimination of All Forms of Discrimination against Women Output indicators: • Increased number of positive statements on population, gender and reproductive health issues made by policy makers and leaders • Increased number of decision makers and religious and community leaders demonstrating support for population and development policies and programmes • Increased number of advocacy groups skilled in advocating population, gender and reproductive health issues • Increased number of policies and laws reviewed, amended, adopted and implemented • Increased proportion of women in decision-making positions at all levels	
	[Reproductive health component] (Same as above)	• Prevention of gender-based violence is mainstreamed into all interventions and an effective system to monitor and respond to cases of gender-based violence is put in place • Number of local officials trained in conflict prevention and resolution	**Output 3 (Reproductive health):** Increased capacity of law enforcement agents and advocacy groups in addressing women's rights and gender-based violence Output indicators: • Increased number of BCC materials produced and disseminated among uniformed personnel • Gender-based violence prevention integrated in community policing activities • Increased number of law enforcement agents trained in gender-based violence prevention and reporting • Prevention of gender-based violence mainstreamed in the curriculum of the police training school • Awareness and sensitization campaigns organized on gender-based violence and women's rights • Reproductive health needs of special groups addressed	Total for programme coordination and assistance: $0.4 million from regular resources